ISSUE SLIP STAPLE AREA (for additional cross references)

| P SITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATI N | W.A | | 06/04/01 |
| O.I.P.E. CLASSIFIER | | | |
| F RMALITY REVIEW | | 535 | 06-25-01 |
| RESPONSE F RMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| = ................................ Allowed | I ................................ Interference |
| – (Through numeral)... Canceled | A ................................ Appeal |
| ÷ ................................ Restricted | O ................................ Objected |

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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